

STANDARD OPERATING PROCEDURES FOR REQUESTING MEDICAL RECORDS INFORMATION

Our patients here at Fox Army Health Center are our number one concern, we want to ensure you the best healthcare! To better protect your privacy, as of May 20 2002, Fox Army Health Center went to a closed records system. Per Army Regulation 40-66, medical records are the property of the U. S. Government and are subject to the same controls used to manage other government documents. Medical records accountability is a problem throughout the military. To ensure the highest quality of healthcare for our patients, hand carrying of medical records within or outside of the treatment facility will no longer be allowed.

However, as of _____, Fox Army Health Center will have a new policy, which enables the active duty soldiers, family members, and retired military to request copies of their medical records for personal use. Only one courtesy copy will be made per active duty soldier, family members, and retirees. After the initial courtesy copy has been made, there will be a fee, please refer to table below. (Reference AR 25-55) All monies must be received before documentation will be released. Make checks or money orders, payable to Fox Army Health Center. No cash accepted.

To better assist you, if medical records information is needed for an appointment with an outside provider, you must notify Fox Army Health Center, Release of Medical Information, (256) 876-4005, 5 business days prior to your appointment, to allow adequate time to process your request. An Authorization For Disclosure of Information (DA Form 5006-R) will be available via the internet, feel free to print the form out, and send the request via fax to (256) 842-0655. All medical information will be sent directly to the physician prior to your appointment.

An Authorization For Disclosure Of Information (DA Form 5006-R) must be fully completed and signed in order for your request to be processed. To ensure that your requests are processed within a timely manner, please complete all information, to include Name, SSN, Date of Birth, appointment date, time, reason for appointment and physician, along with a current phone number where you can be reached if needed. This is pertinent when information is needed for an outside provider. For all other requests, please complete all information, to include Name, SSN, Date of Birth, along with a current phone number where we can reach you if needed so that your request can be processed promptly.

To ensure our patients the best quality healthcare possible, your cooperation in this matter is greatly appreciated. If you have any questions or concerns in regards to the request of medical information, please feel free to contact the Chief of Patient Administration at 876-8513.

Table 6-6. 6-7 AR 25-55	
Type	Cost
Administrative Search Fee	\$13.25
Minimum charge for office copy (up to six images)	\$3.50
Each additional image	\$.10